



Outreach Services  
 380 Old Waterford Road NW  
 Leesburg, VA 20176

*Please complete and return this form to any LCPL branch library or mail directly to the above address.*

APPLICATION FOR SERVICE	
	Date:
Applicant Name:	Name of Parent/Guardian (if under 12)
Address:	
City/State/ZIP:	Phone:

### Free Matter Postal Provisions

**Individuals requiring large print books, audio materials or descriptive videos due to a physical or visual disability are eligible to receive these materials postage-free through the “FREE MATTER FOR BLIND OR DISABLED PERSONS” postal provisions. To receive this benefit, the Post Office requires that individuals have their eligibility certified. Immediate relatives may not certify applicants. Individuals may not certify themselves, regardless of profession.**

CERTIFICATION OF DISABILITY	
<i>I certify that:</i> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 80%;">           Name: <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 20%; text-align: right;">           Date: <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </div> </div>	
<i>is unable to use or read conventionally-printed material due to a physical or visual disability.</i>	
<div style="display: flex; align-items: flex-start;"> <div style="width: 15%;">           I am a(n): <div style="border-bottom: 1px solid black; width: 40px; height: 15px;"></div>  <div style="border-bottom: 1px solid black; width: 40px; height: 15px;"></div>  <div style="border-bottom: 1px solid black; width: 40px; height: 15px;"></div>  <div style="border-bottom: 1px solid black; width: 40px; height: 15px;"></div> </div> <div style="width: 85%;">           Licensed medical doctor            Ophthalmologist or Optometrist            Registered nurse            Professional staff member of a hospital or other health or social service agency.         </div> </div>	
In absence of any of the above, eligibility may be certified by a professional librarian whose competence under specific circumstances is acceptable to the Library of Congress.	
Print or type certifier's name:	Certified by (signature):
Address:	City/State/ZIP: